Cardiovascular diseases among urban population in Delhi

3451. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a study by the Indian Council of Medical Research in collaboration with the Cardiology Department of All India Institute of Medical Sciences revealed that the urban population in Delhi is more prone to cardio vascular diseases than its rural counterparts as the former is more prone to the risk factors in comparison to the latter;

(b) if so, the reasons therefor;

(c) whether it is a fact that the changing lifestyle and habits are the contributory factors to this growing menace among the urban populace; and

(d) if so, the steps being taken by Government to improve the situation among the urban population by introducing novel methods?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Indian Council of Medical Research in collaboration with the Cardiology Department of All India Institute of Medical Sciences had carried out a cross-sectional study titled "ICMR Task force Project on collaborative study of coronary heart diseases" in individuals aged 35-64 years from 1991-1994. The department of Cardiology (AIIMS) and CMC (Vellore) were the participating centres in the study. From the data it has been observed that the prevalence of coronary heart disease, hypertension and distribution of associated factors (such as smoking, physical activity, cholesterol, triglycerides etc.) related to coronary heart disease were higher in urban population compared to rural population at Delhi and Vellore.

(b) to (d) The reasons attributed for higher cardiovascular risk factor levels in the urban areas are reflective of the marketdly different lifestyles in urban and rural India. Rural residents, with marginal infrastructure for transport and other lifestyle comforts, necessarily adopt an active life style. This is also associated with consumption of locally available food products. On the contrary, urban residents are far more likely to have a sedentary lifestyle with adverse nutritional practices.

Government have initiated awareness programme through media and IEC activities. Attention has been given on Yoga through AYUSH.

Government has implemented a comprehensive legislation aimed at control of tobacco use which includes ban on tobacco advertisement, ban on somking on public places, ban to sale to minors, warning on tobacco products.

Unani dispensary in CGHS dispensary, R.K. Puram

3452. SHRI VEER SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the CGHS Dispensary, Sector 12, R.K. Puram, New Delhi has no laboratory and Unani dispensary;

(b) whether it is also a fact that three years have passed since the construction of CGHS building wherein a floor has been allocated for laboratory, Unani and specialist doctors;

(c) if so, the reasons for delay in establishing the laboratory, Unani dispensary and visit of specialist doctors to the dispensary; and

(d) the action taken/proposed to be taken against the officials responsible for this delay?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Yes, Sir. There is no proposal to open a Unani Unit and a laboratory in CGHS dispensary at Sector XII, R.K. Puram due to constraint of resources.

The services of medical specialists are available in Sector VIII dispensary for the beneficiaries of the CGHS dispensary at Sector XII.

(d) The question does not arise.

Shortage of neuro-surgeon

3453. SHRI JANARDHANA POOJARY:
SHRI JANESHWAR MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of neuro-surgeons in the country;

(b) if so, the details in this regard; and